

**APPLICATION FORM(S)**

**Proposal Cover Sheet  
U.S. Environmental Protection Agency**

**Treatment Technologies for Arsenic Removal for Small Drinking Water Systems**

**Proposal Title:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Firm Name:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Selected Host Site:** \_\_\_\_\_

**Technical Abstract (Two pages or Less, Must be Publishable):** (Abstract must include a description of the technology, and address each of the three elements of the evaluation criteria.)

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> <i>Application</i> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction <input type="checkbox"/> Non-construction	<b>2. DATE SUBMITTED</b>	Applicant Identifier
	<b>3. DATE RECEIVE BY STATE</b> N/A	State Application Identifier
	<b>4. DATE RECEIVE BY FEDERAL AGENCY</b> N/A	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name	Organizational Unit
Address (give city, county, state, and zip code):	Name and Telephone Number of the Person to Be Contacted on Matters Involving this Application (give area code):

**6. EMPLOYER IDENTIFICATION NUMBER**

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**8. TYPE OF APPLICATION**☒ New☐ Continuation☐ Revision

For revision check box(es):

☐ Increased Award☐ Decreased Award☐ Increased Duration☐ Decreased Duration☐ Other (specify)**7. TYPE OF APPLICANT:** (enter appropriate letter in box)

- |                    |   |
|--------------------|---|
| A State            | H Independent School District                     |
| B County           | I State Controlled Institution of Higher Learning |
| C Municipal        | J Private University                              |
| D Township         | K Indian Tribe                                    |
| E Interstate       | L Individual                                      |
| F Intermunicipal   | M Profit Organization                             |
| G Special District | N Other (Specify)                                 |

**9. NAME OF FEDERAL AGENCY****United States Environmental Protection Agency****10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER**

6 6 - 5 0 0

TITLE: Treatment Technologies for Arsenic Removal for Small Drinking Water Systems

**12. AREAS AFFECTED BY PROJECT** ( cities, counties, states, etc.)**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:****13. PROPOSED PROJECT**

Start Date

N/A

Ending Date

N/A

**14. CONGRESSIONAL DISTRICTS OF**

a. Applicant

b. Project

**15. ESTIMATED FUNDING**

a. Federal \$ N/A

b. Applicant \$ N/A

c. State \$ N/A

d. Local \$ N/A

e. Other \$ N/A

f. Program Income \$ N/A

g. TOTAL \$ N/A

**16. IS THE APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS REVIEW ON DATEb. NO ☒ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**☐ YES If yes, attach an explanation☐ NO**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED**

a. Typed Name of Authorized Representative

b. Title

c. Telephone No.

d. Signature of Authorized Representative

e. Date Signed

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required face sheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

1. Non-construction.

2. Not applicable.

3. Not applicable.

4. Not applicable.

5. Legal name of applicant, name of primary organizational unit which will undertake the activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.

6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.

7. Enter the appropriate letter in the space provided. (Should be N. Other\_\_\_\_\_.)

8. Complete.

9. Complete.

10. Complete.

11. Enter a brief descriptive title of the project.

12. List only the largest political entities affected (e.g., State, counties, cities).

13. Not applicable.

14. List the applicant's Congressional District and any District(s) affected by the program or project.

15. Not applicable (since no funds directly awarded under this solicitation).

16. Complete.

17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

18. To be signed by the authorized representative of the applicant.